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S.D. SEC. OF STATE

STATE OF SOUTH DAKOTA

Statement of Legal Newspaper Ownership and Circulation

1. TITLE OF NEWSPAPER <u>Marshall County Journal</u>		2. DATE <u>9-22-22</u>
3. FREQUENCY OF ISSUE <u>weekly</u>	3A. NO. OF ISSUES PUBLISHED ANNUALLY <u>52</u>	3B. ANNUAL SUBSCRIPTION PRICE \$ <u>43.00</u>
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) <u>PO Box 69, Britton, SD 57430-0069</u>		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) <u>PO Box 69, Britton, SD 57430-0069</u>		
6. FULL NAME OF PUBLISHER: <u>Douglas M. Card</u>		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.)		
FULL NAME <u>Marshall County Publishing, Inc</u>		COMPLETE MAILING ADDRESS <u>PO Box 69, Britton, SD 57430</u>
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.)		

9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)	1600	1709
B. PAID AND/OR REQUESTED CIRCULATION		
1. Sales through dealers and carriers, street vendors, and counter sales.	261	271
2. Mail Subscription (Paid and or requested)	1105	1165
3. Paid Electronic Copies	92	109
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)	1458	1545
D. FREE DISTRIBUTION		
1. BY MAIL, CARRIER OR OTHER MEANS	29	29
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	22	22
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	1509	1596
F. COPIES NOT DISTRIBUTED		
1. Office use, left over, unaccounted, spoiled after printing	91	113
2. Return from News Agents	0	0
G. TOTAL (Sum of E, F1 and F2 - Should equal total shown in A.)	1600	1709

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public
I swear that the statements made by me are true, correct, and complete:

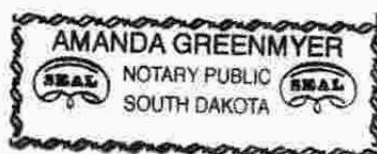
Douglas M. Card
(Signature)

Owner / Publisher
(Title)

State of South Dakota)
County of _____)

Sworn to before me this 22 day of September, 2022
Amanda Greenmyer
Notary Public

(Seal)



My commission expires: 4-13-2027